

V3 Element Number	V3 Element Name	V3 Element Definition	Level of Use	Virginia Usage Level	Quality Points	PN	NV	Nil	Recurrence	V2 Number
dAgency.02	EMS Agency Number	The state-assigned provider number of the responding agency	National	Mandatory	n/a	No	No	No	1:1	D01_01
dAgency.03	EMS Agency Name	The formal name of the agency.	State	Required	n/a	No	No	No	0:1	D01_02
dAgency.04	EMS Agency State	The state/territory which assigned the EMS agency number.	National	Mandatory	n/a	No	No	No	1:1	D01_03
dAgency.05	EMS Agency Service Area States	The states in which the EMS Agency provides services including the state associated with the EMS Agency Number.	National	Mandatory	n/a	No	No	No	1:1	n/a
dAgency.06	EMS Agency Service Area County(s)	The county(s) within each state for which the agency formally provides service.	National	Mandatory	n/a	No	No	No	1:M	D01_04
dAgency.08	EMS Agency Service Area ZIP Codes	The ZIP codes for the EMS Agency's service area.	National	Required	n/a	No	No	No	1:M	n/a
dAgency.09	Primary Type of Service	The primary service type provided by the agency.	National	Mandatory	n/a	No	No	No	1:1	D01_05
dAgency.10	Other Types of Service	The other service type(s) which are provided by the agency.	State	Required	n/a	No	Yes*	No*	0:M	D01_06
dAgency.11	Level of Service	The level of service which the agency provides EMS care for every request for service (the minimum certification level). This may be the license level granted by the state EMS office.	National	Mandatory	n/a	No	No	No	1:1	D01_07
dAgency.12	Organization Status	The primary organizational status of the agency. The definition of Volunteer or Non-Volunteer is based on state or local definitions.	National	Mandatory	n/a	No	No	No	1:1	D01_09
dAgency.13	Organizational Type	The organizational structure from which EMS services are delivered (fire, hospital, county, etc.)	National	Mandatory	n/a	No	No	No	1:1	D01_08
dAgency.14	EMS Agency Organizational Tax Status	The EMS Agencies business/corporate organizational tax status	National	Mandatory	n/a	No	No	No	1:1	n/a
dAgency.15	Statistical Calendar Year	The calendar year to which the information pertains for the EMS Agency and the specific EMS Agency Number (dAgency.02).	National	Mandatory	n/a	No	No	No	1:1	D01_10
dAgency.18	911 EMS Call Center Volume per Year	The number of 911 EMS called per year based on last calendar year.	National	OEMS to complete	n/a	No	Yes	Yes	1:1	D01_04
dAgency.19	EMS Dispatch Volume per Year	The number of EMS dispatches per year based on last calendar year.	National	OEMS to complete	n/a	No	Yes	Yes	1:1	D01_15

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dAgency.20	EMS Patient Transport Volume per Year	The number of EMS transports per year based on last calendar year.	National	OEMS to complete	n/a	No	Yes	Yes	1:1	D01_16
dAgency.21	EMS Patient Contact Volume per Year	The number of EMS patient contacts per year based on last calendar year.	National	OEMS to complete	n/a	No	Yes	Yes	1:1	D01_17
dAgency.25	National Provider Identifier	The National Provider Identifier associated with National Provider System (NPS) and used in all standard HIPPA transactions such as electronic claim filing.	National	Required	n/a	No	Yes*	No*	1:M	D01_21
dAgency.26	Fire Department ID Number	The state assigned Fire Department ID Number for EMS Agency(s) operating within a Fire Department.	National	Required	n/a	No	Yes	Yes	1:M	n/a
dContact.01	Agency Contact Type	The contact type within the EMS agency.	State	Required	n/a	No	No*	No*	0:1	n/a
dContact.02	Agency Contact Last Name	The Last Name of the agency's primary contact.	State	Required	n/a	No	No*	No*	0:1	D02_01
dContact.03	Agency Contact First Name	The first name of the agency's primary contact.	State	Required	n/a	No	No*	No*	0:1	D02_03
dContact.10	Agency Contact Phone Number	Agency contact phone number.	State	Required	n/a	No	Yes	Yes	0:M	D02_08
dContact.11	Agency Contact Email Address	The primary email address of the Agency contact.	State	Required	n/a	No	No*	No*	0:M	D02_10
dConfiguration.01	State Associated with the Certification/Licensure Levels	The state associated with the state certification/licensure levels.	National	Mandatory	n/a	No	No	No	1:1	n/a
dConfiguration.02	State Certification Licensure Levels	All of the potential levels of certification/licensure for EMS personnel recognized by the state.	National	Mandatory	n/a	No	No*	No	1:M	D04_01
dConfiguration.05	Protocols Permitted by the State	A list of all of the protocols permitted by the state.	National	OEMS to complete	n/a	No	No*	No*	1:M	n/a
dConfiguration.06	EMS Certification Levels Permitted to Perform Each Procedure	EMS certification levels which are permitted to perform the procedure listed in dConfiguration.07.	National	Mandatory	n/a	No	No	No	1:1	D04_05
dConfiguration.07	EMS Agency Procedures	A list of all procedures that the agency has implemented and available for use by any/all EMS certification levels.	National	Mandatory	n/a	No	No	No	1:M	D04_04
dConfiguration.08	EMS Certification Level Permitted to Administer Each Medication	All EMS certification levels which are permitted to administer the medications listed in dConfiguration.09 (EMS Agency Medications).	National	Mandatory	n/a	No	No	No	1:1	D04_07
dConfiguration.09	EMS Agency Medications	A list of all medications the agency has implemented and have available for use.	National	Mandatory	n/a	No	No	No	1:M	D04_06

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dConfiguration.10	EMS Agency Protocols	A list of all of the EMS field protocols that the agency has in place and available for use.	National	Mandatory	n/a	No	No	No	1:M	D04_08
dConfiguration.11	EMS Agency Specialty Service Capability	Special training or services provided by the EMS agency and available to the EMS service area/community. It is each agency’s determination which services it provides.	National	Mandatory	n/a	No	No	No	1:M	n/a
dConfiguration.12	Billing Status	Indication of whether the EMS agency routinely bills for any segment of the patient population.	State*	Required	n/a	No	No	No	0:1	n/a
dConfiguration.13	Emergency Medical Dispatch (EMD) Provided to EMS Agency Service Area	Indication as to whether Emergency Medical Dispatch is provided to the EMS Agency's service area.	National	Mandatory	n/a	No	No	No	1:1	n/a
dConfiguration.14	EMD Vendor	The vendor or company associated with the EMD Card set and algorithms.	State*	Required	n/a	No	Yes*	No*	0:M	D04_17
dConfiguration.15	Patient Monitoring Capability(s)	The EMS Agency's patient monitoring capability which can be provided to any patient presenting to EMS.	National	Mandatory	n/a	No	No	No	1:M	n/a
dConfiguration.16	Crew Call Sign	The EMS crew call sign used to dispatch and communicate with the unit. This may be the same as the EMS Unit/Vehicle Number in many agencies.	National	Mandatory	n/a	No	No	No	1:M	D04_02
dLocation.01	EMS Location Type	The type of EMS Location which could be a fixed station or a pre-determined staging area.	State*	Required	n/a	No	No	No	0:1	n/a
dLocation.02	EMS Location Name	The name of the EMS Location.	State*	Required	n/a	No	No	No	0:1	D05_01
dLocation.03	EMS Location Number	The ID number of the EMS Location.	State*	Required	n/a				0:1	D05_02
dLocation.04	EMS Location GPS	The GPS coordinate of the EMS location.	State*	Required	n/a	No	No	No	0:1	D05_04
dLocation.06	EMS Location Address	The address of the EMS Location.	State*	Required	n/a	No	No	No	0:1	D05_05
dLocation.08	EMS Location State	The state of the EMS Location.	State*	Required	n/a	No	No	No	0:1	D05_07
dLocation.09	EMS Station or Location ZIP Code	The ZIP code of the EMS Location.	State*	Required	n/a	No	No	No	0:1	D05_08
dLocation.10	EMS Location County	The county of the EMS Location	State*	Required	n/a	No	No	No	0:1	n/a

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dVehicle.01	Unit/Vehicle Number	The unique ID number for the unit which is specific for each vehicle. This ID number may be the state's vehicle's permit number.	State	Required	n/a	No	No*	No*	0:1	D06_01
dVehicle.02	Vehicle Identification Number	The manufacturer's VIN associated with the vehicle.	State*	Required	n/a	No	No	No	0:1	n/a
dVehicle.03	EMS Unit Call Sign	The EMS unit number used to dispatch and communicate with the unit. This may be the same as the EMS Unit/Vehicle Number in many agencies.	State*	Required	n/a	No	No	No	0:1	
dVehicle.04	Vehicle Type	The vehicle type of the unit (ambulance, fire, truck, etc.).	State	Required	n/a	No	No*	No*	0:1	D06_03
dVehicle.05	Crew State Certification/Licensure Levels	The certification/licensure level of the ambulance by the state or the certification/licensure level at which the vehicle is most commonly staffed.	State*	Required	n/a	No	No	No	0:1	D06_04
dVehicle.10	Vehicle Model Year	The year the vehicle was manufactured.	State	Required	n/a	No	No*	No*	0:1	D06_07
dPersonnel.01	EMS Personnel's Last Name	The last name of the personnel.	State	Required	n/a	No	No*	No*	0:1	D08_01
dPersonnel.02	EMS Personnel's First Name	The first name of the personnel.	State	Required	n/a	No	No*	No*	0:1	D08_03
dPersonnel.22	EMS Personnel's State of Licensure	The state of the certification/licensure ID number assigned to the personnel member.	State	Required	n/a	No	No*	No*	0:1	n/a
dPersonnel.23	EMS Personnel's State's Licensure ID Number	The state's licensure/certification ID number for the personnel.	State	Required	n/a	No	No*	No*	0:1	D07_02
dPersonnel.24	EMS Personnel's State EMS Certification Licensure Level	The personnel's state EMS certification level.	State	Required	n/a	No	No*	No*	0:1	D08_15
dPersonnel.31	EMS Personnel's Employment Status	The personnel's primary employment status for this agency.	State	Required	n/a	No	No*	No*	0:1	D07_03
dFacility.03	Facility Location Code	The code of the facility as assigned by the state or the EMS agency.	State*	Required	n/a	No	No	No	0:1	D04_12
eRecord.02	Software Creator	The name of the vendor, manufacturer, and developer who designed the application that created this record.	National	Mandatory	n/a	No	No	No	1:1	E01_02
eRecord.03	Software Name	The name of the application used to create this record.	National	Mandatory	n/a	No	No	No	1:1	E01_03

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eRecord.04	Software Version	The version of the application used to create this record.	National	Mandatory	n/a	No	No	No	1:1	E01_04
eResponse.01	EMS Agency Number	The state-assigned provider number of the responding agency	National	Mandatory	n/a	No	No	No	1:1	D01_01
eResponse.02	EMS Agency Name	EMS Agency Name	State	Required	n/a	No	No*	Yes	0:1	n/a
eResponse.03	Incident Number	The incident number assigned by the 911 Dispatch System	National	Mandatory*	n/a	No	No*	No*	1:1	E02_02
eResponse.04	EMS Response Number	The internal EMS response number which is unique for each EMS Vehicle's (Unit) response to an incident within an EMS Agency.	National	Required	n/a	No	Yes	Yes	1:1	E02_03
eResponse.05	Type of Service Requested	The type of service or category of service requested of the EMS Agency responding for this specific EMS event	National	Mandatory	n/a	No	No	No	1:1	E02_04
eResponse.07	Primary Role of the Unit	The Primary role of the EMS Unit which responded to this specific EMS event	National	Mandatory	n/a	No	No	No	1:1	E02_05
eResponse.08	Type of Dispatch Delay	The dispatch delays, if any, associated with the dispatch of the EMS unit to the EMS event.	National	Required	-1	No	No*	No*	1:M	E02_06
eResponse.09	Type of Response Delay	The response delays, if any, of the EMS unit associated with the EMS event.	National	Required	-1	No	No*	No*	1:M	E02_07
eResponse.10	Type of Scene Delay	The scene delays, if any, of the EMS unit associated with the EMS event.	National	Required	-1	No	No*	No*	1:M	E02_08
eResponse.11	Type of Transport Delay	The transport delays, if any, of the EMS unit associated with the EMS event.	National	Required	-1	No	No*	No*	1:M	E02_09
eResponse.12	Type of Turn-Around Delay	The turn-around delays, if any, of EMS unit associated with the EMS event.	National	Required	-1	No	No*	No*	1:M	E02_10
eResponse.13	EMS Vehicle (Unit) Number	The unique physical vehicle number of the responding unit.	National	Mandatory	n/a	No	No	No	1:1	E02_11
eResponse.14	EMS Unit Call Sign	The EMS unit number used to dispatch and communicate with the unit. This may be the same as the EMS Unit/Vehicle Number in many agencies.	National	Mandatory	n/a	No	No	No	1:1	E02_12

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eResponse.15	Level of Care of This Unit	The level of care (BLS or ALS) the unit is able to provide based on the units’ treatment capabilities for this EMS response.	National	Mandatory	n/a	No	No	No	1:1	n/a
eResponse.16	Vehicle Dispatch Location	The EMS Location or healthcare facility name representing the geographic location of the vehicle at the time of dispatch.	State*	Required	-5	No	Yes	Yes	0:1	E02_13
eResponse.23	Response Mode to Scene	The indication whether the response was emergent or non-emergent. An emergent response is an immediate response (typically using lights and sirens).	National	Mandatory	n/a	No	No	No	1:1	E02_20
eResponse.24	Additional Response Mode Descriptors	The documentation of response mode techniques used for this EMS response.	National	Required	-1	No	Yes	No*	1:M	n/a
eDispatch.01	Complaint Reported by Dispatch	The complaint dispatch reported to the responding unit.	National	Mandatory	n/a	No	No	No	1:1	E03_01
eDispatch.05	Dispatch Priority (Patient Acuity)	The actual, apparent, or potential acuity of the patient’s condition as determined through information obtained during the EMD process.	State*	Required	-1	No	No	Yes	0:1	n/a
eCrew.01	Crew Member ID	The state certification/licensure ID number assigned to the crew member.	State	Required	-10	No	No*	No*	0:1	E04_01
eCrew.02	Crew Member Level	The functioning level of the crew member ID during this EMS patient encounter.	State	Required	-10	No	No*	No*	0:1	E04_03
eCrew.03	Crew Member Response Role	The role(s) of the role member during response, at scene treatment, and/or transport.	State	Required	-10	No	No*	No*	0:M	E04_02
eTimes.01	PSAP Call Date/Time	The date/time the phone rings (911 call to public safety answering point or other designated entity) requesting EMS services.	National	Required	-1	No	Yes	Yes	1:1	E05_02
eTimes.03	Unit Notified by Dispatch Date/Time	The date/time the responding unit was notified by dispatch.	National	Mandatory	n/a	No	No	No	1:1	E05_04
eTimes.05	Unit En Route Date/Time	The date/time the unit responded; that is, the time the vehicle started moving.	National	Required	-5	No	Yes	Yes	1:1	E05_05
eTimes.06	Unit Arrived on Scene Date/Time	The date/time the responding unit arrived on the scene; that is, the time the vehicle stopped moving at the scene.	National	Required	-5	No	Yes*	Yes	1:1	E05_06

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eTimes.07	Arrived at Patient Date/Time	The date/time the responding unit arrived at the patient's side.	National	Required	-5	No	Yes*	Yes	1:1	E05_07
eTimes.08	Transfer of EMS Patient Care Date/Time	The date/time the patient was transferred from this EMS agency to another EMS agency for care.	State	Required	-5	No	Yes	Yes	1:1	E05_08
eTimes.09	Unit Left Scene Date/Time	The date/time the responding unit left the scene with a patient (started moving).	National	Required	-5	No	Yes	Yes	1:1	E05_09
eTimes.10	Arrival at Destination Landing Area Date/Time	The date/time the Air Medical vehicle arrived at the destination landing area.	State*	Required	-0	No	No	Yes	0:1	
eTimes.11	Patient Arrived at Destination Date/Time	The date/time the responding unit arrived with the patient at the destination or transfer point.	National	Required	-5	No	Yes	No*	1:1	E05_10
eTimes.12	Destination Patient Transfer of Care Date/Time	The date/time that patient care was transferred to the destination healthcare facilities staff.	National	Required	-0	No	Yes	Yes	1:1	
eTimes.13	Unit Back in Service Date/Time	The date/time the unit back was back in service and available for response (finished with call, but not necessarily back in home location).	National	Mandatory	n/a	No	No	No	1:1	E05_11
eTimes.14	Unit Cancelled Date/Time	The date/time the unit was cancelled.	State*	Required	-5	No	No	Yes*	0:1	E05_12
ePatient.02	Last Name	The patient's last (family) name	State	Required	-10/-1	Yes	Yes*	No*	0:1	E06_01
ePatient.03	First Name	The patient's first (given) name	State	Required	-10/-1	Yes	Yes*	No*	0:1	E06_02
ePatient.06	Patient's Home Town ***See ePatient.07***	The township (if applicable) where the patient lives (or best approximation). NOTE: counties AND cities in Virginia are reported through ePatient.06.	State*	Required	-10/-1	No	Yes*	Yes*	0:1	E06_05
ePatient.07	Patient's Home County/City ***See element comment***	The patient's home county or city of residence reported by GNIS codes (formerly FIPS codes.)	National	Required	-10/-1	No	Yes	Yes	1:1	E06_06
ePatient.08	Patient's Home State	The patient's home state, territory, or province, or District of Columbia, where the patient resides.	National	Required	-10/-1	No	Yes	Yes	1:1	E06_07
ePatient.09	Patient's Home ZIP Code	The patient's home ZIP code of residence	National	Required	-10/-1	No	Yes	Yes	1:1	E06_08
ePatient.13	Gender	The Patient's Gender	National	Required	-10	No	Yes*	No*	1:1	E06_11
ePatient.14	Race	The patient's race as defined by the OMB (US Office of Management and Budget)	National	Required	-10/-1	No	Yes	No*	1:M	E06_12
ePatient.15	Age	The patient's age (either calculated from date of birth or best approximation)	National	Required	-10	No	Yes	No*	1:1	E06_14

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ePatient.16	Age Units	The unit used to define the patient's age	National	Required	-5	No	Yes	No	1:1	E06_15
ePatient.17	Date of Birth	The patient's date of birth	State	Required	-5/-1	Yes	Yes*	Yes*	0:1	E06_16
ePayment.01	Primary Method of Payment (Required for agencies that bill for service)	The primary method of payment or type of insurance associated with this EMS encounter	National	Required	-5	No	Yes	Yes	1:1	E07_01
ePayment.50	CMS Service Level (Required for agencies that bill for service)	The CMS service level for this EMS encounter.	National	Required	-5	No	Yes	Yes	1:1	E07_34
eScene.01	First EMS Unit on Scene	Documentation that this EMS Unit was the first EMS Unit for the EMS Agency on the Scene	National	Required	-1	No	Yes	No*	1:1	n/a
eScene.04	Type of Other Service at Scene	The type of public safety or EMS service associated with Other Agencies on Scene	State*	Required	-1	No	No	No	0:1	E08_02
eScene.06	Number of Patients at Scene	Indicator of how many total patients were at the scene	National	Required	-1	No	Yes	No*	1:1	E08_05
eScene.07	Mass Casualty Incident	Indicator if this event would be considered a mass casualty incident (overwhelmed existing EMS resources)	National	Required	-1	No	Yes	No*	1:1	E08_06
eScene.08	Triage Classification for MCI Patient	The color associated with the initial triage assessment/classification of the MCI patient.	National	Required	-1	No	Yes	Yes	1:1	n/a
eScene.09	Incident Location Type	The kind of location where the incident happened	National	Required	-5	No	No*	No*	1:1	E08_07
eScene.15	Incident Street Address	“The street address where the patient was found, or, if no patient, the address to which the unit responded.”	State	Required	-10	No	No*	No*	0:1	E08_11
eScene.16	Incident Town/Township ***See eScene.21***	The township (if applicable) where the patient was found or to which the unit responded (or best approximation). NOTE: counties AND cities in Virginia are reported through eScene.21.	State	Required	-0	No	Yes	Yes	0:1	n/a
eScene.18	Incident State	The state, territory, or province where the patient was found or to which the unit responded (or best approximation)	National	Required	-10	No	No*	No*	1:1	E08_14
eScene.19	Incident ZIP Code	The ZIP code of the incident location	National	Required	-5	No	No*	No*	1:1	E08_15

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eScene.21	Incident County or City ***See element comment***	The county or city where the patient was found or to which the unit responded (or best approximation) using GNIS codes (formerly FIPS code).	National	Required	-10	No	No*	No*	1:1	E08_13
eSituation.01	Date/Time of Symptom Onset/Last Normal	The date and time the symptom began as it relates to this EMS event. This is described or estimated by the patient, family, and/or healthcare professionals.	National	Required	-10/-1	No	Yes	Yes	1:1	E05_01
eSituation.02	Possible Injury	Indication whether or not there was an injury	National	Required	-5	No	Yes*	No*	1:1	E09_04
eSituation.03	Complaint Type	The type of patient healthcare complaint being documented.	State	Required	-1	No	Yes	No	0:1	n/a
eSituation.04	Complaint	The statement of the problem by the patient or the history provider.	State	Required	-1	No	Yes*	Yes	0:1	E09_05
eSituation.05	Duration of Complaint	The duration of the chief complaint	State	Required	-10/-1	No	Yes*	Yes	0:1	E09_06
eSituation.06	Time Units of Duration of Complaint	The time units of the duration of the patient's chief complaint	State	Required	-5/-1	No	Yes	Yes	0:1	E09_07
eSituation.07	Chief Complaint Anatomic Location	The primary anatomic location of the chief complaint as identified by EMS personnel	National	Required	-10	No	Yes	No*	1:1	E09_11
eSituation.08	Chief Complaint Organ System	The primary organ system of the patient injured or medically affected.	National	Required	-10	No	Yes	No*	1:1	E09_12
eSituation.09	Primary Symptom	The primary sign and symptom present in the patient or observed by EMS personnel	National	Required	-10/-5	No	Yes	Yes	1:1	E09_13
eSituation.10	Other Associated Symptoms	Other symptoms identified by the patient or observed by EMS personnel	National	Required	-1	No	Yes*	Yes	1:M	E09_14
eSituation.11	Provider's Primary Impression	The EMS personnel's impression of the patient's primary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures).	National	Required	-10	No	Yes	No*	1:1	E09_15
eSituation.12	Provider's Secondary Impressions	The EMS personnel's impression of the patient's secondary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures).	National	Required	-10	No	Yes	No*	1:M	E09_16

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eSituation.13	Initial Patient Acuity	The acuity of the patient’s condition upon EMS arrival at the scene.	National	Required	-5	No	Yes	Yes	1:1	n/a
eInjury.01	Cause of Injury	The category of the reported/suspected external cause of the injury.	National	Required	-10	No	Yes	Yes	1:M	E10_01
eInjury.03	Trauma Center Criteria	Field Triage Criteria for transport to a trauma center as defined by the Centers for Disease Control and Prevention and the American College of Surgeons-Committee on Trauma.	National	Required	-10	No	Yes	Yes	1:M	n/a
eInjury.04	Vehicular, Pedestrian, or Other Injury Risk Factor	The kind of risk factor predictors present at the incident	National	Required	-5	Yes	Yes	Yes	1:M	E10_04
eInjury.05	Main Area of the Vehicle Impacted by the Collision	The area or location of initial impact on the vehicle based on 12-point clock diagram.	State*	Required	-5	No	No	Yes*	0:1	E10_05
eInjury.06	Location of Patient in Vehicle	The seat row location of the vehicle at the time of the crash with the front seat numbered as 1	State*	Required	-5	No	No	Yes*	0:1	E10_06
eInjury.07	Use of Occupant Safety Equipment	Safety equipment in use by the patient at the time of the injury	State	Required	-5	No	Yes*	Yes	0:M	E10_08
eInjury.08	Airbag Deployment	Indication of Airbag Deployment	State*	Required	-5	No	No	Yes*	0:M	E10_09
eInjury.09	Height of Fall (feet)	The distance in feet the patient fell, measured from the lowest point of the patient to the ground	State*	Required	-10	No	No	Yes*	0:1	E10_10
eArrest.01	Cardiac Arrest	Indication of the presence of a cardiac arrest at any time.	National	Required	-10	No	Yes	Yes	1:1	E11_01
eArrest.02	Cardiac Arrest Etiology	Indication of the etiology or cause of the cardiac arrest (classified as cardiac, non-cardiac, etc.)	National	Required	-10	No	Yes	Yes	1:1	E11_02
eArrest.03	Resuscitation Attempted By EMS	Indication of an attempt to resuscitate the patient who is in cardiac arrest (attempted, not attempted due to DNR, etc.)	National	Required	-10	No	Yes	Yes	1:M	E11_03
eArrest.04	Arrest Witnessed By	Indication of who the cardiac arrest was witnessed by	National	Required	-10	No	Yes	Yes	1:M	E11_04
eArrest.05	CPR Care Provided Prior to EMS Arrival	Documentation of the CPR provided prior to EMS arrival	National	Required	-10	No	Yes	Yes	1:1	n/a
eArrest.06	Who Provided CPR Prior to EMS Arrival	Documentation of who performed CPR prior to this EMS unit's arrival.	State*	Required	-10	No	No	No	0:M	n/a
eArrest.07	AED Use Prior to EMS Arrival	Documentation of AED use Prior to EMS Arrival	National	Required	-10	No	Yes	Yes	1:1	n/a

V3 Element Number	V3 Element Name	V3 Element Definition	Level of Use	Virginia Usage Level	Quality Points	PN	NV	Nil	Recurrence	V2 Number
eArrest.08	Who Used AED Prior to EMS Arrival	Documentation of who performed CPR prior to this EMS unit's arrival.	State*	Required	-5	No	No	Yes*	0:M	n/a
eArrest.09	Type of CPR Provided	Documentation of the type/technique of CPR used by EMS.	National	Required	-10	No	Yes	Yes	1:M	n/a
eArrest.10	Therapeutic Hypothermia Initiated	Documentation of EMS initiation of Therapeutic Hypothermia.	National	Required	-1	No	Yes	Yes	1:1	n/a
eArrest.11	First Monitored Arrest Rhythm of the Patient	Documentation of what the first monitored arrest rhythm which was noted	National	Required	-10	No	Yes	Yes	1:1	E11_05
eArrest.12	Any Return of Spontaneous Circulation	Indication whether or not there was any return of spontaneous circulation.	State	National	-10	No	Yes	Yes	1:M	E11_06
eArrest.14	Date/Time of Cardiac Arrest	The date/time of the cardiac arrest (if not known, please estimate).	State	National	-10	No	Yes	Yes	1:1	E11_08
eArrest.15	Date/Time Resuscitation Discontinued	The date/time the CPR was discontinued (or could be time of death)	State	Required	-5	No	Yes*	Yes	0:1	E11_09
eArrest.16	Reason CPR/Resuscitation Discontinued	The reason that CPR or the resuscitation efforts were discontinued.	National	Required	-5	No	Yes	Yes	1:1	E11_10
eArrest.17	Cardiac Rhythm on Arrival at Destination	The patient's cardiac rhythm upon delivery or transfer to the destination	National	Required	-5	No	Yes	Yes	1:M	E11_11
eArrest.18	End of EMS Cardiac Arrest Event	The patient's outcome at the end of the EMS event.	National	Required	-10	No	Yes	Yes	1:1	n/a
eHistory.01	Barriers to Patient Care	Indication of whether or not there were any patient specific barriers to serving the patient at the scene	National	Required	n/a	No	Yes	Yes	1:M	E12_01
eHistory.08	Medical/Surgical History	The patient's pre-existing medical and surgery history of the patient	State	Required	-5	Yes	Yes	Yes	0:M	E12_10
eHistory.12	Current Medications	The medications the patient currently takes	State	Required	-1	Yes	Yes	Yes	0:1	E12_14
eHistory.17	Alcohol/Drug Use Indicators	Indicators for the potential use of alcohol or drugs by the patient related to the patient's current illness or injury.	National	Required	-5/-1	Yes	Yes	No*	1:M	E12_07
eNarrative.01	Patient Care Report Narrative	The narrative of the patient care report (PCR).	State	Required	-5	No	Yes	Yes	0:1	E13_01
eVitals.01	Date/Time Vital Signs Taken	The date/time vital signs were taken on the patient.	National	Required	n/a	No	Yes	Yes	1:1	E14_01

V3 Element Number	V3 Element Name	V3 Element Definition	Level of Use	Virginia Usage Level	Quality Points	PN	NV	Nil	Recurrence	V2 Number
eVitals.02	Obtained Prior to this Units EMS Care	Indicates that the information which is documented was obtained prior to the documenting EMS units care.	National	Required	n/a	No	Yes	Yes	1:1	E14_02
eVitals.03	Cardiac Rhythm / Electrocardiography (ECG)	The cardiac rhythm / ECG and other electrocardiography findings of the patient as interpreted by EMS personnel.	National	Required	-5	Yes	Yes	Yes	1:M	E14_03
eVitals.04	ECG Type	The type of ECG associated with the cardiac rhythm.	National	Required	-1	No	Yes	Yes	1:1	n/a
eVitals.05	Method of ECG Interpretation	The method of ECG interpretation.	National	Required	-5	No	Yes	Yes	1:M	n/a
eVitals.06	SBP (Systolic Blood Pressure)	The patient's systolic blood pressure.	National	Required	-5	Yes	Yes	Yes	1:1	E14_04
eVitals.07	DBP (Diastolic Blood Pressure)	The patient's diastolic blood pressure.	State	Required	-5	Yes	Yes	Yes	0:1	E14_05
eVitals.08	Method of Blood Pressure Measurement	Indication of method of blood pressure measurement.	National	Required	n/a	No	Yes	Yes	1:1	E14_06
eVitals.10	Heart Rate	The patient's heart rate expressed as a number per minute.	National	Required	-5	Yes	Yes	Yes	1:1	E14_07
eVitals.12	Pulse Oximetry	The patient's oxygen saturation.	National	Required	-5	Yes	Yes	Yes	1:1	E14_09
eVitals.14	Respiratory Rate	The patient's respiratory rate expressed as a number per minute.	National	Required	-5	Yes	Yes	Yes	1:1	E14_11
eVitals.15	Respiratory Effort	The patient's respiratory effort.	State*	Required	-5	No	No	Yes*	0:1	E14_12
eVitals.16	Carbon Dioxide (CO2)	The patient's end-tidal or other CO2 level.	National	Required	n/a	Yes	Yes	Yes	1:1	E14_13
eVitals.18	Blood Glucose Level	The patient's blood glucose level.	National	Required	0	Yes	Yes	Yes	1:1	E14_14
eVitals.19	Glasgow Coma Score-Eye	The patient's Glasgow Coma Score Eye opening.	National	Required	-5	Yes	Yes	Yes	1:1	E14_15
eVitals.20	Glasgow Coma Score-Verbal	The patient's Glasgow Coma Score Verbal.	National	Required	-5	Yes	Yes	Yes	1:1	E14_16
eVitals.21	Glasgow Coma Score-Motor	The patient's Glasgow Coma Score Motor	National	Required	-5	Yes	Yes	Yes	1:1	E14_17
eVitals.22	Glasgow Coma Score-Qualifier	Documentation of factors which make the GCS score more meaningful.	National	Required	-5	No	Yes	Yes	1:M	E14_18
eVitals.23	Total Glasgow Coma Score	The patient's total Glasgow Coma Score.	State	Required	-5	Yes	Yes	Yes	0:1	E14_19
eVitals.26	Level of Responsiveness (AVPU)	The patient's highest level of responsiveness.	National	Required	-5	No	Yes	Yes	1:1	E14_22
eVitals.27	Pain Score	The patient's indication of pain from a scale of 0-10.	National	Required	-5	Yes	Yes	Yes	1:1	E14_23
eVitals.29	Stroke Scale Score	The patient's Stroke Scale Results.	National	Required	-10	Yes	Yes	Yes	1:1	E14_24
eVitals.30	Stroke Scale Type	The type of stroke pain scale used.	National	Required	-5	No	Yes	Yes	1:1	n/a

V3 Element Number	V3 Element Name	V3 Element Definition	Level of Use	Virginia Usage Level	Quality Points	PN	NV	Nil	Recurrence	V2 Number
eVitals.31	Reperfusion Checklist	The results of the patient's Reperfusion Checklist for potential Thrombolysis use.	National	Required	-1	Yes	Yes	Yes	1:1	E14_25
eVitals.32	APGAR	The patient's total APGAR score (0-10).	State*	Required	-5	Yes	No	Yes	0:1	E14_26
eExam.01	Estimated Body Weight in Kilograms	The patient's body weight in kilograms either measured or estimated	State	Required	-5	Yes	Yes	Yes	0:1	E16_01
eExam.04	Skin Assessment	The assessment findings associated with the patient's skin.	State*	Required	-5	Yes	No	No	0:M	E16_04
eProtocols.01	Protocols Used	The primary protocol used by EMS personnel to direct the clinical care of the patient.	National	Required	-5	No	Yes	Yes	1:1	E17_01
eProtocols.02	Protocol Age Category	The age group the protocol is written to address	National	Required	-5	No	Yes	Yes	1:1	n/a
eMedications.01	Date/Time Medication Administered	The date/time medication administered to the patient	National	Required	-5	No	Yes	Yes	1:1	E18_01
eMedications.02	Medication Administered Prior to this Units EMS Care	Indicates that the medication administration which is documented was administered prior to this EMS units care	National	Required	-1	No	Yes	Yes	1:1	E18_02
eMedications.03	Medication Given	The medication given to the patient	National	Required	-5	Yes	Yes	Yes	1:1	E18_03
eMedications.04	Medication Administered Route	The route medication was administered to the patient	State*	Required	-5	No	Yes*	Yes*	0:1	E18_04
eMedications.05	Medication Dosage	The dose or amount of the medication given to the patient	National	Required	-5	No	Yes	Yes	1:1	E18_05
eMedications.06	Medication Dosage Units	The unit of medication dosage given to patient	National	Required	-5	No	Yes	Yes	1:1	E18_06
eMedications.07	Response to Medication	The patient's response to the medication	National	Required	-5	No	Yes	Yes	1:1	E18_07
eMedications.08	Medication Complication	Any complication (abnormal effect on the patient) associated with the administration of the medication to the patient by EMS	National	Required	-5	No	Yes	Yes	1:M	E18_08
eMedications.09	Medication Crew (Healthcare Professionals) ID	The statewide assigned ID number of the EMS crew member giving the treatment to the patient	State	Required	-5	No	Yes	Yes	0:1	E18_09
eMedications.10	Role/Type of Person Administering Medication	The type (level) of EMS or Healthcare Professional Administering the Medication. For medications administered prior to EMS arrival, this may be a non-EMS healthcare professional.	National	Required	-5	No	Yes	Yes	1:1	n/a
eMedications.11	Medication Authorization	The type of treatment authorization obtained	State*	Required	-1	No	No	Yes*	0:1	E18_10

V3 Element Number	V3 Element Name	V3 Element Definition	Level of Use	Virginia Usage Level	Quality Points	PN	NV	Nil	Recurrence	V2 Number
eProcedures.01	Date/Time Procedure Performed	The date/time the procedure was performed on the patient	National	Required	-5	No	Yes	Yes	1:1	E19_01
eProcedures.02	Procedure Performed Prior to this Units EMS Care	Indicates that the procedure which was performed and documented was performed prior to this EMS units care.	National	Required	-1	No	Yes	Yes	1:1	E19_02
eProcedures.03	Procedure	The procedure performed on the patient.	National	Required	-5	Yes	Yes	Yes	1:1	E19_03
eProcedures.04	Size of Procedure Equipment	The size of the equipment used in the procedure on the patient	State*	Required	-5	No	No	Yes*	0:1	E19_04
eProcedures.05	Number of Procedure Attempts	The number of attempts taken to complete a procedure or intervention regardless of success.	National	Required	-5	No	Yes	Yes	1:1	E19_05
eProcedures.06	Procedure Successful	Indicates that this procedure attempt which was performed on the patient was successful	National	Required	-5	No	Yes	Yes	1:1	E19_06
eProcedures.07	Procedure Complication	Any complication (abnormal effect on the patient) associated with the performance of the procedure on the patient	National	Required	-5	No	Yes	Yes	1:M	E19_07
eProcedures.08	Response to Procedure	The patient's response to the procedure	National	Required	-5	No	Yes	Yes	1:1	E19_08
eProcedures.09	Procedure Crew Members ID	The statewide assigned ID number of the EMS crew member performing the procedure on the patient	State	Required	-5	No	Yes	Yes	0:1	E19_09
eProcedures.10	Role/Type of Person Performing the Procedure	The type (level) of EMS or Healthcare Professional performing the procedure. For procedures performed prior to EMS arrival, this may be a non-EMS healthcare professional.	National	Required	-5	No	Yes	Yes	1:1	n/a
eProcedures.13	Vascular Access Location	The location of the vascular access site attempt on the patient, if applicable.	State	Required	-5	No	Yes	Yes	0:1	
eAirway.01	Indications for Invasive Airway	The clinical indication for performing invasive airway management.	State	Required	-5	No	Yes	Yes	0:M	n/a
eAirway.02	Date/Time Airway Device Placement Confirmation	The date and time the airway device placement was confirmed.	State	Required	-5	No	Yes	Yes	0:1	n/a
eAirway.04	Airway Device Placement Confirmed Method	The method used to confirm the airway device placement.	State	Required	-5	No	Yes	Yes	0:1	n/a
eAirway.07	Crew Member ID	The crew member id during this EMS patient encounter at this date and time.	State	Required	-5	No	Yes	Yes	0:1	n/a

V3 Element Number	V3 Element Name	V3 Element Definition	Level of Use	Virginia Usage Level	Quality Points	PN	NV	Nil	Recurrence	V2 Number
eAirway.08	Airway Complications Encountered	The airway management complications encountered during the patient care episode.	State	Required	-5	No	Yes*	Yes	0:M	n/a
eAirway.09	Suspected Reasons for Failed Airway Procedure	The reason(s) the airway was unable to be successfully managed.	State	Required	-5	No	No	Yes*	0:M	n/a
eDisposition.02	Destination/Transferred To, Code	The code of the destination the patient was delivered or transferred to.	State	Required	-10	No	Yes	Yes	0:1	E20_02
eDisposition.11	Number of Patients Transported in this EMS Unit	The number of patients transported by this EMS crew and unit.	State	Required	-1	No	Yes	Yes	0:1	n/a
eDisposition.12	Incident/Patient Disposition	Type of disposition treatment and/or transport of the patient by this EMS Unit.	National	Mandatory	n/a	No	No	No	1:1	E20_10
eDisposition.16	EMS Transport Method	Transport method by this EMS Unit.	National	Required	-10	No	Yes	Yes	1:1	n/a
eDisposition.17	Transport Mode from Scene	Indication whether the transport was emergent or non-emergent.	National	Required	-10	No	Yes	Yes	1:1	E20_14
eDisposition.18	Additional Transport Mode Descriptors	The documentation of transport mode techniques for this EMS response.	National	Required	-1	No	Yes	Yes	1:M	n/a
eDisposition.19	Condition of Patient at	The condition of the patient after care by EMS	National	Required	-5	No	Yes	Yes	1:1	E20_19
eDisposition.20	Reason for Choosing Destination	The reason the unit chose to deliver or transfer the patient to the destination	National	Required	-5	No	Yes	Yes	1:M	E20_16
eDisposition.21	Type of Destination	The type of destination the patient was delivered or transferred to	National	Required	-10	No	Yes	Yes	1:1	E20_17
eDisposition.22	Hospital In-Patient Destination	The location within the hospital that the patient was taken directly by EMS (e.g. Cath Lab, ICU, etc.)	National	Required	n/a	No	Yes	Yes	1:1	n/a
eDisposition.24	Destination Team Pre-Arrival Activation	Activation of the Destination Healthcare Facility Team prior to EMS arrival for acute ill or injured patient.	National	Required	-10	No	Yes	Yes	1:1	IT10_02
eDisposition.25	Date/Time of Destination Prearrival Activation	Date/Time EMS Notified/Activated the Destination Healthcare Facility Team prior to EMS arrival for acute ill or injured patient.	National	Recommended	-5	No	Yes	Yes	1:1	n/a
eOther.08	Crew Member Completing this Report	The statewide assigned ID number of the EMS crew member which completed this patient care report	State	Required	-10	No	Yes	Yes	0:1	n/a